



Attorney's Docket No. 000115P002D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Edmund Y.C. Chein

Application No.: 09/782,015

Filed: February 12, 2001

For: **A METHOD OF HORMONE
TREATMENT FOR PATIENTS WITH
SYMPTOMS CONSISTENT WITH
MULTIPLE SCLEROSIS**

Examiner: Gupta, Anish

Art Unit: 1654

Confirmation No.: 2156

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed March 25, 2005, Applicant respectfully requests entry of the following amendments.



1654
757

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

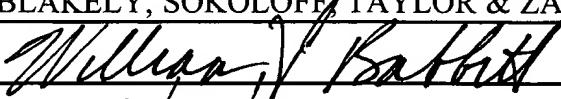
| | | | |
|--|---|------------------------|-------------------|
| | | Application No. | 09/782,015 |
| | | Filing Date | February 12, 2001 |
| | | First Named Inventor | Edmund Y.M. Chein |
| | | Art Unit | 1654 |
| | | Examiner Name | Anish Gupta |
| Total Number of Pages in This Submission | 9 | Attorney Docket Number | 115P002D |

ENCLOSURES (check all that apply)

| | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Return receipt postcard</div> | <input type="checkbox"/> After Allowance Communication to Group |
| | | | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| | | | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| | | | <input type="checkbox"/> Proprietary Information |
| | | | <input type="checkbox"/> Status Letter |
| | | | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Return receipt postcard</div> |
| | | | <input type="checkbox"/> After Allowance Communication to Group |
| | | | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| | | | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| | | | <input type="checkbox"/> Proprietary Information |

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|---|
| Firm or Individual name | William Thomas Babbitt, Reg. No. 39,591 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP |
| Signature |  |
| Date | 6/10/05 |

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | | | |
|-----------------------|---|------|---------|
| Typed or printed name | Nedy Calderon | | |
| Signature |  | Date | 6/10/05 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



FEET TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT **(\$)** **0.00**

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 09/782,015 |
| Filing Date | February 12, 2001 |
| First Named Inventor | Edmund Y.M. Chein |
| Examiner Name | Anish Gupta |
| Art Unit | 1654 |
| Attorney Docket No. | 115P002D |

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | 11 | 20** | = | 0 | x | 25.00 | = | \$0.00 |
|--------------------|----|------|---|---|---|--------|---|--------|
| Independent Claims | 3 | 3** | = | 0 | x | 100.00 | = | \$0.00 |
| Multiple Dependent | | | | | | | | |

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
|---------------------|----------|-------------|----------|---|--|
| 1202 | 50 | 2202 | 25 | Claims in excess of 20 | |
| 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | |
| 1203 | 360 | 2203 | 180 | Multiple Dependent claim, if not paid | |
| 1204 | 300 | 2204 | 150 | **Reissue independent claims over original patent | |
| 1205 | 300 | 2205 | 150 | **Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (1) | | (\$) | | 0.00 | |

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

| Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | |
|----------|----------|----------|----------|--|--|
| 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath | |
| 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 2053 | 130 | 2053 | 130 | Non-English specification | |
| 1251 | 120 | 2251 | 60 | Extension for reply within first month | |
| 1252 | 450 | 2252 | 225 | Extension for reply within second month | |
| 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | |
| 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | |
| 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | |
| 1401 | 500 | 2401 | 250 | Notice of Appeal | |
| 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | |
| 1403 | 1,000 | 2403 | 500 | Request for oral hearing | |
| 1451 | 1,510 | 2451 | 1,510 | Petition to institute a public use proceeding | |
| 1460 | 130 | 2460 | 130 | Petitions to the Commissioner | |
| 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt | |
| 1809 | 790 | 1809 | 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 1810 | 790 | 2810 | 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | |

Other fee (specify)

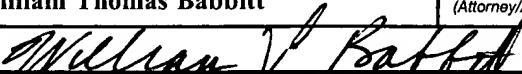
SUBTOTAL (2)

Fee Paid

(\$)

SUBMITTED BY

Complete (if applicable)

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|----------------|
| Name (Print/Type) | William Thomas Babbitt | Registration No. (Attorney/Agent) | 39,591 | Telephone | (310) 207-3800 |
| Signature |  | | | Date | 6/10/05 |